

Foster Family Home - Deficiency Report

Provider ID: 1-190005

Home Name: Mimie Basa Aquino, NA

Review ID: 1-190005-9

94-1253 Henokea Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 10/7/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CTA inspection with a written plan of correction due to CTA on 11/7/2021.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medications' side effects present in Client #1's chart.

47.(e)- No training present for CG#1, CG#2, and CG#4 on Client #1's

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Foster Family Home Records [11-800-54]

54.(c)(1) Client's vital information;

Comment:

54.(c)(1)- Client #2's Vital Information sheet was missing the client's current medical insurance information.

Maribel Nakamine, R 10/7/2021

Compliance Manager

Date

Mimie Basa Aquino

10/7/2021

Primary Care Giver

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Mimie Basa Aquino

(PLEASE PRINT)

CCFFH Address: 94-1253 Henokea St. Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47(c)	Started collecting all leaflet provided by the clients pharmacy which list all potential side effects of each medication.	11/5/21	CG#1 will make sure that I keep the leaflet provided by the pharmacy that list all possible side effects or the medication whenever a new medication prescribed.
47(e)	RN Training was done for CG#1, CG#2 and CG#4 on clients CMA on [REDACTED] [REDACTED]. It was place into client record.	11/5/21	In the future, home will notify client's CMA that RN training needs to be performed within 7 days of client's new [REDACTED] [REDACTED].
50(a)	CG#2 completed a home documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to. It was place into the binder.	11/5/21	Developed a copy of the emergency preparedness plan. Ensure that all documents are signed and dated by CG#1 and household members.
54(c)	Client #2 Vital Information sheet complete received from CMA reflect current insurance HMSA client was private pay pending medicaid.	11/5/21	In the future, home will make sure to check the binder thoroughly and use checklist when admitting client's to make sure everything is complete.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Mimie Basa Aquino

Date: 11/5/21

☒ CTA has reviewed all corrected items